

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

2. STATE:

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.231, 447.233 and Section 1925(d) Soc. Sec.

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 10,000,000

b. FFY 2002 \$ 15,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-r Exhibit 12a Pages 1-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Att. 3.1-r Exhibit 12a Pages 1-2

10. SUBJECT OF AMENDMENT: This State Plan Amendment allows for ten prescriptions per beneficiary per month with no prior approval requirements. It also allows for decisions for any prior approval on inclusion/exclusion of optional drug categories to be made at the Division of Medicaid by the Executive Director.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

14. TITLE:

15. DATE SUBMITTED:

16. RETURN TO:

Nica Lewis-Payton, Executive Director  
Division of Medicaid  
Attn: Ross Gagnier  
239 North Lamar Street, Suite 601  
Jackson, MS 39201-1395

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

August 7, 2000

18. DATE APPROVED:

September 29, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

STATE: MississippiDESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE  
AND SERVICES PROVIDED

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12a. Prescribed Drugs: Prescriptions and/or refills, not to exceed ten  
(10) per month per beneficiary.

Drugs for which medical assistance reimbursement is available are limited to covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Section 1927 (a) of the Act which are prescribed for a medically acceptable indication.

As provided by Section 1927 (d) of the Act, the following drugs may be excluded from coverage as authorized by the Executive Director of the Division of Medicaid:

- (a) drugs for anorexia, weight loss or weight gain;
- (b) drugs to promote fertility;
- (c) drugs used for cosmetic purposes or hair growth;
- (d) drugs for symptomatic relief of cough and colds;
- (e) drugs for promotion of smoking cessation;
- (f) prescription vitamins and mineral products;
- (g) Barbiturates;
- (h) drugs designated less than effective by the FDA (DESI drugs);
- (i) drugs for which manufacturers require associated test or monitoring services be purchased exclusively from the manufacturer or its designer;
- (j) Benzodiazepines;
- (k) drugs produced by manufacturers who have not signed rebate agreements with the Secretary of the Department of Health and Human Services as required by OBRA '90;
- (l) over-the-counter drugs.

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TN No. 2000-02  
Supersedes  
TN No. 99-07

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Effective Date JUL 01 2000  
Approval Date SEP 29 2000  
Date Received AUG 07 2000

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Mississippi

Attachment 3.1-A  
Exhibit 12a  
Page 2

DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF  
MEDICAL CARE AND SERVICES PROVIDED

Assurances:

Based on Section 1927 of the Act, the Division of Medicaid will comply with other requirements as follows:

- The Division of Medicaid will comply with the drug reporting requirements for state utilization information and on restrictions of drug products;
- The state does not have an existing rebate agreement with a drug manufacturer but will abide by those agreements executed by the Secretary of HHS. The state does agree to report all rebates from manufacturers;
- The Division of Medicaid will allow all participating manufacturers to audit utilization data;
- The unit rebate amount will be held confidential and will not be disclosed for purposes other than rebate invoicing and verification;

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TN No. 99-07

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Effective Date JUL 01 2000  
Approval Date SEP 28 2000  
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